

10/ 11123

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		1			
2		1				
3		2				
4		3				
5		4				
6		5				
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		9		17		
TOTAL FEE						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL FEE						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS